

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing  <b>OR</b>  <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	30862
	First Named Inventor	Roger Morris
	<b>COMPLETE IF KNOWN</b>	
	Application Number	10/659,222
	Filing Date	9/10/2003.
	Group Art Unit	1771
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FOOD-BORNE PATHOGEN AND SPOILAGE DETECTION DEVICE AND METHOD**

(Title of the Invention)

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 9/10/2003 as United States Application Number or PCT International Application  
Number 10/659,222 and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet TPO/SB/02B attached hereto.
60/376,029	9/16/2002	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

**U.S. Parent Application  
or PCT Parent Number**

**Parent Filing Date  
(MM/DD/YYYY)**

**Parent Patent Number  
(if applicable)**

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 39313  
OR

☐ Registered practitioner(s) name/registration number, listed below.

Name

Registration Number

Name

Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☒ Customer Number

or Bar Code Label 39313

OR ☐ Correspondence address below

Name

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Country

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor**

☐

A petition has been filed for this unsigned inventor.

Given Name (first and middle — [if any])

Family Name or Surname

Roger Morris

Inventor's  
Signature

*Ry Morris*

Date

2/4/2004

Residence

Sebastian, FL

Country

US

Citizenship

US

Post Office Address

591 Cottonwood Road

City/State/Zip

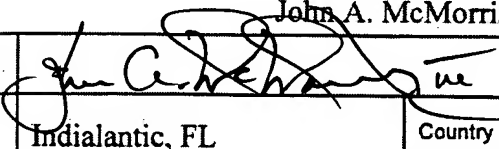
Sebastian, FL 32958

Country

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))		Family Name or Surname	
John A. McMorris III			
Inventor's Signature			Date
			2/4/04
Residence	Indialantic, FL	Country	US
		Citizenship	US
Post Office Address	542 Sanderling Drive		
City/State/Zip	Indialantic, FL 32903	Country	

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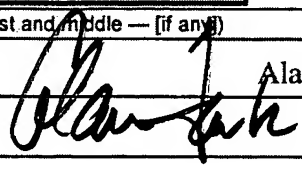
<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))		Family Name or Surname	
Galo Acosta			
Inventor's Signature	<i>Galo Acosta</i>		Date
Residence	Sebastian, FL	Country	US
Post Office Address	202B Keen Terrace		
City/State/Zip	Sebastian, FL 32958	Country	


<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))		Family Name or Surname	
Jerry Hill			
Inventor's Signature		Date	2-4-04
Residence	Cocoa, FL	Country	US
Citizenship	US		
Post Office Address	4115 Indian River Dr.		
City/State/Zip	Cocoa, FL 32927	Country	

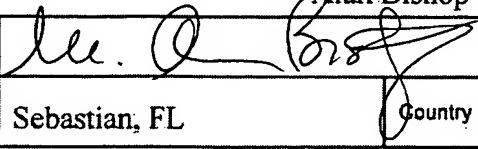
<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))	Family Name or Surname		
 Alan R. Tank			
Inventor's Signature		Date	2/4/04
Residence	Bethesda, MD	Country	US
Citizenship	US		
Post Office Address	5324 Portsmouth Road		
City/State/Zip	Bethesda, MD 20816	Country	

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — [if any])		Family Name or Surname	
Kyle Newman			
Inventor's Signature		Date	1/27/04
Residence	Lexington, KY	Country	US
Post Office Address	2301 Maggard Drive, #105		
City/State/Zip	Lexington, KY 40511	Country	US

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))		Family Name or Surname	
		Alan Bishop	
Inventor's Signature		Date	2-04-04
Residence	Sebastian, FL	Country	US
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City/State/Zip	Sebastian, FL 32958	Country	

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